



## ASSEMBLY COMMITTEE ON HEALTH

### NOTICE OF PUBLIC HEARING

SUBJECT: Medical aid in dying

PURPOSE: To examine the practice of medical aid in dying, as well as potential legislation to authorize this practice.

#### **Albany**

Monday, April 23, 2018  
10:00 A.M.  
Hearing Room C  
Legislative Office Building

#### **New York City**

Thursday, May 3, 2018  
11:00 A.M.  
Assembly Hearing Room  
19<sup>th</sup> Floor, 250 Broadway

### **ORAL TESTIMONY BY INVITATION ONLY**

These hearings will focus on Assembly bill A.2383-A (Paulin) that would enable terminally ill individuals with decision-making capacity to voluntarily request and receive a prescription for medication to end their lives. With growing interest in the concept of Aid in Dying (AID), and similar legislation having been enacted in several states, public hearings will provide an important opportunity for supporting and opposing arguments to be heard.

Persons invited to participate in these hearings should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation.

Oral testimony will be limited to ten minutes. All testimony will be under oath. In preparing the order of witnesses, the Committee will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible.

Fifteen copies of any prepared testimony should be submitted at the hearing registration desk. The Committee would appreciate receiving prepared statements in advance.

In order to meet the needs of those with a disability, the Assembly, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Assembly facilities and activities.

**Richard N. Gottfried**  
**Member of Assembly**  
**Chair**  
**Committee on Health**

PUBLIC HEARING REPLY FORM

Persons invited to present testimony at the hearings on “**Medical aid in dying**” are requested to complete this reply form as soon as possible, and mail, email or fax it to:

Anthony Kergaravat  
Principal Analyst  
Assembly Program and Counsel  
Room 442 - Capitol  
Albany, New York 12248  
Email: kergaravata@nyassembly.gov  
Phone: (518) 455-4371  
Fax: (518) 455-4693

I plan to attend the hearing on “Medical aid in dying” to be conducted by the Assembly Committee on Health on:

\_\_\_\_\_ April 23, 2018, in Albany, New York

\_\_\_\_\_ May 3, 2018, in New York City, New York

I have been invited and plan to make a public statement at the hearing.

\_\_\_\_\_ April 23, 2018, in Albany, New York

\_\_\_\_\_ May 3, 2018, in New York City, New York

My statement will be limited to 10 minutes, and I will answer any questions which may arise. I will provide 15 copies of my prepared statement.

I will address my remarks to the following subjects:

\_\_\_\_\_  
\_\_\_\_\_

I do not plan to attend the above hearings.

I would like to be added to the Committee mailing list for notices and reports.

I would like to be removed from the Committee mailing list.

I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:** \_\_\_\_\_

\_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX TELEPHONE: \_\_\_\_\_